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CONFIRMATION NO. 8512

<b>SERIAL NUMBER</b> 09/737,118	<b>FILING OR 371(c) DATE</b> 12/14/2000 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3773	<b>ATTORNEY DOCKET NO.</b> S63.2-6748-US03
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 08/812,351 03/05/1997 PAT 5,893,868

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 02/01/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

490

**TITLE**

CATHETER WITH REMOVABLE BALLOON PROTECTOR AND STENT DELIVERY SYSTEM WITH REMOVABLE STENT PROTECTOR

<b>FILING FEE RECEIVED</b> 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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